

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/572,419	
Confirmation Number		
Filing Date	with an effective filing date of September 14, 2004	
First Named Inventor	Gianfranco PASSONI	
Group Art Unit	3721	
Examiner Name	John R. Paradiso	Fax: (571) 273-8300
Total No. of Pages in this Submission: 18	Attorney Docket Number	TRSCWE P01AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1] (in Duplicate)  <input checked="" type="checkbox"/> Fee attached - Check \$960.00  <input checked="" type="checkbox"/> Amendment/Response ..... [11] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request ..... [1] (in Duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Stmt ..... <input type="checkbox"/>  <input type="checkbox"/> Certified Copy of Priority ..... <input type="checkbox"/> Document(s)  <input type="checkbox"/> Response to Missing Part/s Incomplete Application ..... <input type="checkbox"/>  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers ..... <input type="checkbox"/> (for an Application)  <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) .... <input type="checkbox"/>  <input type="checkbox"/> Licensing-related Papers ..... <input type="checkbox"/>  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)  <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/>  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/>  <input type="checkbox"/> Terminal Disclaimer ..... <input type="checkbox"/>  <input type="checkbox"/> Small Entity Statement ..... <input type="checkbox"/>  <input type="checkbox"/> Request for Refund ..... <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group ..... <input type="checkbox"/>  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .... <input type="checkbox"/>  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/>  <input type="checkbox"/> Proprietary Information ..... <input type="checkbox"/>  <input type="checkbox"/> Status Letter ..... <input type="checkbox"/>  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  Request for Continued Examination - (in duplicate) ..... [1]  Postcard
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## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

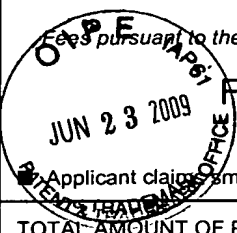
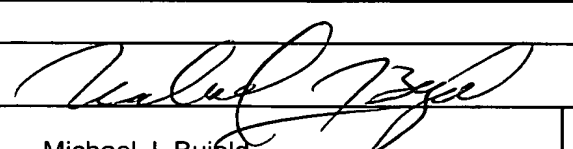
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 19, 2009	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 19, 2009.

Signature		Date: June 19, 2009 (amp)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Effective on 12/08/2004.  Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <div style="text-align: center;">  <p><b>FEE TRANSMITTAL</b> For FY 2008</p> </div> <p>Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT: <b>\$960.00</b></p>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Application No.  Filing Date  First Named Inventor  Examiner Name  Art Unit </td> <td style="width:50%; vertical-align: top;"> 10/572,419  with an effective filing date of  September 14, 2004  Gianfranco PASSONI  John R. Paradiso  3721 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> TRSCWE P01AUS </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/572,419 with an effective filing date of September 14, 2004 Gianfranco PASSONI John R. Paradiso 3721	Attorney Docket No.	TRSCWE P01AUS																																																		
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check  <input type="checkbox"/> Credit Card  <input type="checkbox"/> Money Order  <input type="checkbox"/> None  <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Credit any overpayments </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</b></p>																																																									
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table style="width:100%;"> <tr> <td style="width:25%;"> <u>Total Sheets</u> -100 = _____ </td> <td style="width:25%;"> <u>Extra Sheets</u> / 50 = _____ </td> <td style="width:25%;"> <u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____ </td> <td style="width:25%;"> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> = _____ </td> </tr> <tr> <td></td> <td></td> <td></td> <td> <u>\$270/\$135</u> </td> </tr> </table>				<u>Total Sheets</u> -100 = _____	<u>Extra Sheets</u> / 50 = _____	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u> = _____				<u>\$270/\$135</u>																																														
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<p>SUBMITTED BY</p>																																																									
Signature		Telephone (603) 226-7490																																																							
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: June 19, 2009																																																						

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL  
For FY 2008Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/572,419  
with an effective filing date of  
September 14, 2004  
Gianfranco PASSONI  
John R. Paradiso  
3721

Attorney Docket No.

TRSCWE P01AUS

TOTAL AMOUNT OF PAYMENT: \$960.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
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		\$52/\$26			
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>		
		\$220/\$110			

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

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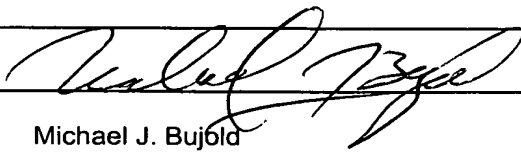
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			\$270/\$135	

## 4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)		<u>Fees Paid (\$)</u>
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	<u>Request For Continued Examination</u>		<u>\$405.00</u>

SUBMITTED BY

Signature



Telephone (603) 226-7490

Name  
(Print/Type)

Michael J. Bujold

Registration No.  
(Atty/Agent) 32,018

Date: June 19, 2009